

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

## PLACE OF BIRTH

County of Eaton

Township of \_\_\_\_\_

or \_\_\_\_\_

Village of Vermontville

or \_\_\_\_\_

City of \_\_\_\_\_

FULL NAME \_\_\_\_\_

OF CHILD Ardis De KamMICHIGAN DEPARTMENT OF  
HEALTH

Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 18

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report, as directed.

Sex of child <u>Female</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 17</u> , 19 <u>29</u> (Month) (Day) (Year)
Full Name <u>Peter C. De Kam</u>			Full Maiden Name <u>Ruth L. Palmer</u>		
Residence (P. O. Address) <u>Vermontville</u>			Residence (P. O. Address) <u>Same</u>		
Color or Race <u>white</u>	Age at Last Birthday <u>27</u> (Years)		Color or Race <u>white</u>	Age at Last Birthday <u>24</u> (Years)	
Birthplace <u>Canada</u>			Birthplace <u>Michigan</u>		
Occupation (And Industry) <u>Labourer</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>4</u>			Number of children, of this mother, now living <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 3 9 M.  
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with }  
 a prophylaxis solution? Yes }  
 Given or christian name added from a  
 supplemental report.....19.....

(Signature) E. L. D. McLaughlin  
 Dated Aug 23, 1929 (Attending physician, midwife, father, etc.)  
 Address Vermontville  
 Filed Aug 23, 1929 Paul R. Pine  
 Registrar.